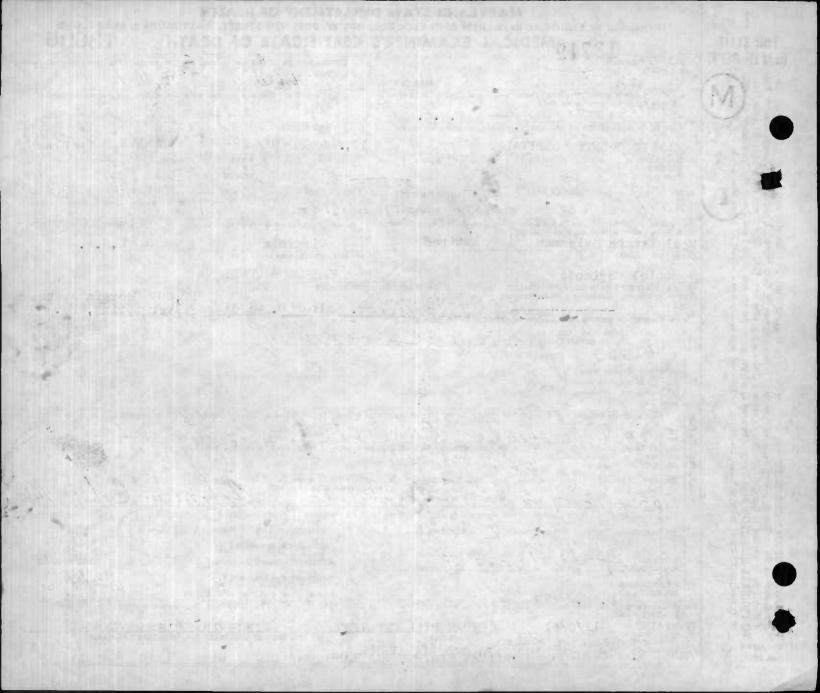
Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If Institution, Residence before edmission) . COUNT Page b. COUNT files. MARYLAND rector. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 OK TOWN (If ou e corporate limits, write RURAL end give nearest town) write\_RURAL and give peerest tow Your D.O.A. Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE for ON A FARME retained he State B AVENUE 12,809 GEOFGIA HOSPITAL CALVERT after death. NAME OF DATE Month Dev 4. DECEASED OF 2 with the (Type or print) DEATH 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 TEAR IF UNDER 24 HRS. This certificate should be executed within 24 hours after deat a word "pending" in pencil in them 18. Give Pages 1, 2, and 3 dical Examiner's Office along with form PM3. Page 5 may I wild be used as a burial-transit permit. File pages 1 and 2 with 7. MARRIED NEVER MARRIED ILS last bintrdey) Months | Days DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retirad) Retired Real Estate Salesman Virginia U.S.A. pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FANNIE SWITZER Daniel Caricofe event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 12,809 Georgia Avenue (Yes, no, or unkown) | (If yes giva war or dates of service) WilliamsSilver Spring, Md 18. CAUSE OF DEATH [Enter only one cause par line for (4) INTERVAL BETWEEN 2 ONSET AND DEATH PART I. DEATH WAS CAUSED BY and IMMEDIATE CAUSE (e) **DUE TO** removal, Conditions, if any, which (b) geve rise to Immediate cause Medical Examiner's DUE TO (a), stating the underlying 0 cause last. cremation, ART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be ris designated agent, prior to burial, cremating the statement of the companion of th YES NO 200. EXTERNAL CAUSE WAS DISCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL Month, Dev. Year 20d. INJURY OCCURRED | 20e., PLACE OF INJURY (Home, form, 20f. (Cdy or (Stata) factory, street, office bldg., atc.) Whila Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Accident Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Spacify) 0 Q40 BURTAL CEDAR HILL PRINCE GEORGE'S MARYLAND ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 DEC 8 arthur & There DATE

MARYLAND STATE DEPARTMENT OF HEALTH



2		13	720	CERTIFIC	ATE OF DEATH	R	eg. Dist. No. 3697
M)		PLACE OF DEATH o. COUNTY Calu	iert	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	b. COUNTY	Residence before admission) Calvert
) X		b. CITY OR TOWN (If outsice RURAL and give nearest to LUS L	own)	NGTH OF STAY IN 16	c. CITY OR TOWN (If our	side corporate limits, write RUR.	AL and give nearest town)
X		d. NAME OF HOSPITAL (IF OR INSTITUTION	not in hospitol, give street address	)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	M	NAME OF DECEASED (Type or print)	First ETHe/	Middle	CHASE	4. DATE Month OF DEATH	Day Year
	5.	SEX F 6. CC	OLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED	8. DATE OF SIRTH 7-19-0		UNDER 1 YEAR IF UNDER 24 HRS. Nonths Days Hours Min.
	O	yeter S	ve kind of work done 10b. KIND College if retired)	OF BUSINESS OR IND	USTRY 11. 8IRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTR
	L	Parra Parra	n Gong	te		a Bisi	HOP
		WAS DECEASED EVER IN U	S. ARMED FORCES? 16. SOCIAL ive wor or dates of service) 217	093951	allest	Gongh Address	Lusly, 501
		18. CAUSE OF DEATH [E PART I. DEATH WA	Enter only one couse per line for (c AS CAUSED BY: DIATE CAUSE (o)	o), (b), and (c).)	e Vascu	ear acced	INTERVAL BETWEEN ONSET AND DEATH 2 mon
		260 X Conditions, if any, w		Thyper	Tension		7 200
		gave rise to immed coese (o), stoting the unlying couse last.		Deal	etes		1 gyrs
0	ICATION	PART 11. OTHER SIG	GNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BU	IT NOT RELATED TO THE TERMIN	al disease condition given	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIF	20a. ACCIDENT WAS UND OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	CAL EXAMINER)		ED. (Enter noture of injury in Po		
	MEDICAL	20c. TIME OF INJURY Mo Hour a. m. p. m.	While N	OCCURRED 20e. I lot while t wark	PLACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
		21. I certify that I alive on	attended the deceased fro		19 61 to		hat I last saw the decease I on the date stated abov
1		ACTUAL SIGNATURE	e O est	- did mai deal		DDRESS (Street, city or town, sto	
		PHYSICIAN'S NAME (Type)	age C.	TeTT			
	1	BURIAL, CREMATION, 22 REMOVAL (Specify)	12-3-61 7	NAME OF CEMETERY	Church	2d. LOCATION (City, town, or c LUS by, Cal a BY REGISTRAN 24b. REGISTR	6. , nd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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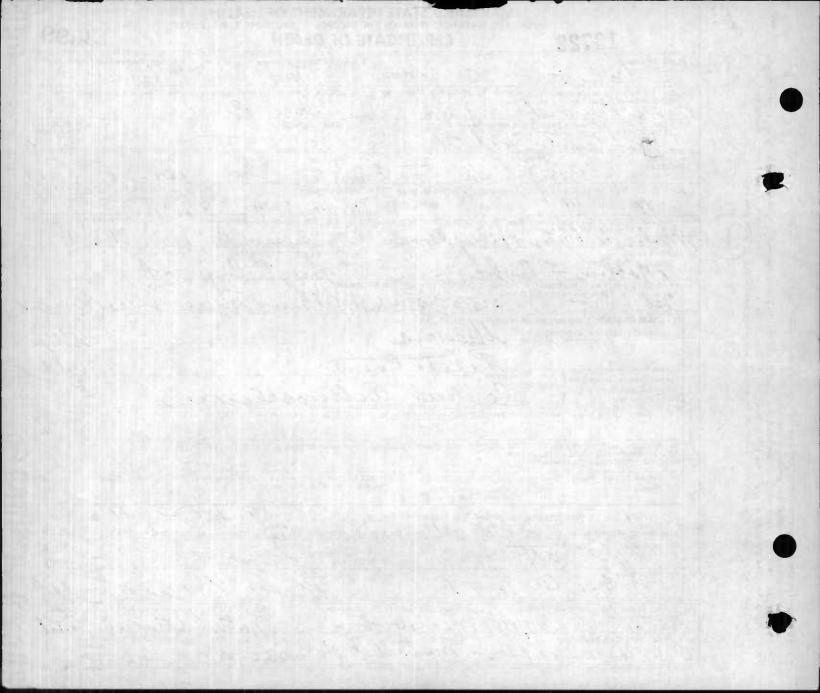
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E	PLACE OF DEATH o. COUNTY Cabreet	MARYLAND	2. USUAL RESIDENCE (Where do	eceased lived. If institution: Reside b. COUNTY Cal	ence before admission)
1	b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	Beach	l give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of RINSTITUTION)  Calveed County Hosp	helal	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Benjami	m Hiddle		DATE Month DEATH Lee, 2	Day Year 4, 1961
5.	SEX 6. COLOR OR VICE 7. MARR	4	Dor 4, 1874	lost birthdoy) Months	
9	b. USUAL OCCUPATION (Give kind of work done) 10b. during more of working life, even if actived)	ry Boods	Montgomer	1 4 1.	TIZEN OF WHAT COUNTRY?
13.	Millon F. Embe	leg	Mary E	Carpword	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. no. or unknown) (If yes, give wor or dates of service)	5-05-0314A	m Williams	Towers - Par	es Beach
	1B. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	g for (o), (b), and (c).			INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which (b)	Prosletis	enc		2 year
	gove rise to immediate couse (a), stating the under-lying couse lost.	rebral a	Televosel		P
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	DESCRIPTION OF			RT 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIF	20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I	or Port II of item 18.)	
MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. 19 While of work	_ Not while _ foo	ACE OF INJURY (Home, form, 20 tory, street, office bldg., etc.)	Of. (City or town)	(County) (Stote)
	21. I certify that (I) (this haspital) attend saw the deseased alive on Del 2	> 11	070/	from the causes and an th	6/., that (I) (we) last he date stated abave.
	220. SIGNAPORE		M.D. PHYS. MED. DIRECTO	STAFF	22b. DATE SIGNED
	PAME (Type) ARE (). JE	77	22d. ADDRESS	- FREDERI	ex Md.
1	BURIAL, CREMATION, 23b. DATE THEREOF SURVEY (Specify)	23c. NAME OF CEMETERY O	dge In	colle disthere	im, heaf
24.	FUNERAL DIRECTOR'S SIGNATURE	- mulical	Mel, 25a. REC'D BY	REGISTRAR 25b. REGISTRAR'S 5	

Despitations A value physician. Phe law requires that the death certificate be executed within 24 hours ofter. Page 4 haspitol or attending physician.

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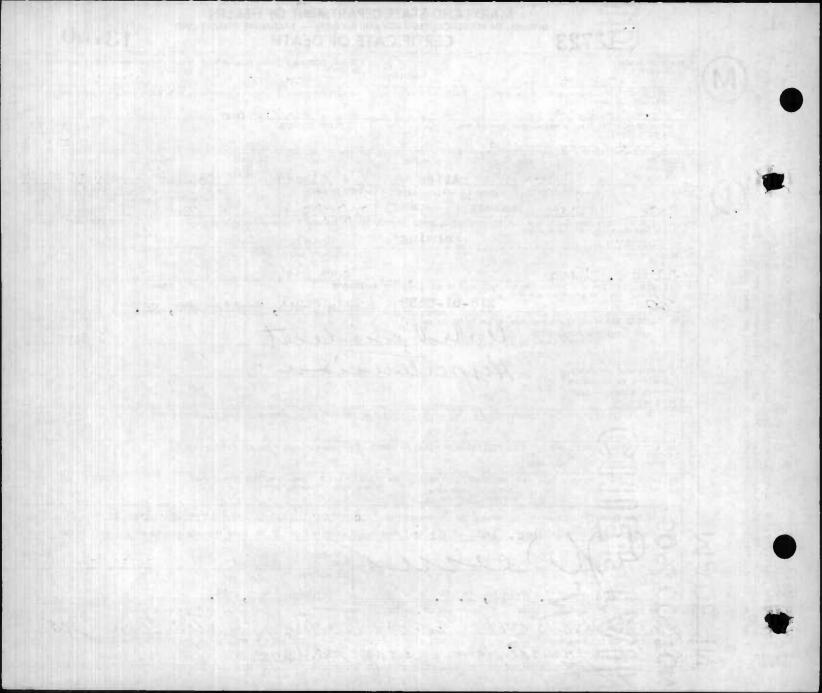


Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 13723

1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY								
Calvert						Maryland Calvert							
	b. CITY OR TOWN (If RURAL and give ne	f autside carporate limi arest tawn)	ts, write	c. LENGTH OF STAY I	N 1b	b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)							
H	Prince Frod. NAME OF HOSPIT	ederick AL (If not in haspital, g	ive street	address)		d. STREET ADDRESS	ngtow	n			e. IS RES	IDENCE	
	OR INSTITUTION											FARM?	
=	0 50	County Hosp					T						
3.	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Man	th	Do	,	Year	
	(Type ar print)	Harry		Allen		Gibson	DEATH	PEPPEE	Decen	Aller Ball alle		19 67	
S.	SEX	6. COLOR OR RACE	7. MARE	RIED WE NEVER MARRIE	D 🔲   B. D	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	Days	Haurs	Min.	
	Male	White	WIDOW	ED DIVORCED	0 1	0/10/89		72 yrs.		Duy.	110013		
100	during most of work	N (Give kind af wark ing life, even if retired	dane 10b.	KIND OF BUSINESS OF		11. BIRTHPLACE (State	ar fareign	cauntry)	12. CIT	IZEN O	WHAT	OUNTRY?	
	Farmer			Farming		Maryland				USA			
13.	FATHER'S NAME				1.	. MOTHER'S MAIDEN N	NAME						
	Julius B.	Gibson				Cora Trott							
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFOR	MANT		Add	ress				
111	no	it yes, give war or dates of s	2	18-01-0658	Ri	rtie Trott.	Hunt:	ingtown	- SM				
	18. CAUSE OF DEA	TH   Enter anly one co	use per li	ne for (a), (b), and (c), 1							ERVAL BE		
	18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Crustal accellent  2 days												
	231)	DUE TO		A									
	Canditions, if an	ay, which )	. De	ines le	110	ion	•						
	gave rise to in		1	11			70.0	- 192 OF					
	lying cause last.	the <u>under-</u>	. 1	/ '									
NO		IER SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERMI	INAL DISEA	SE CONDITION GIV	EN IN PAI	RT 1(a)	9. WAS	AUTOPSY ORMED?	
FICATION											YES [		
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED. (E	nter nature af injury in	Part I ar Pa	art II af item IB.)					
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Y Manth, Day, Ye	ar 20d. I While at war	Nat while		OF INJURY (Hame, farm, street, affice bldg., etc		ty ar tawn)	(	Caunty)	113	(State)	
	21. I certify tha	t (1) (this haspita	) often	ded the deceased	from De	Sember 14, 12	61.to	December	1619	6], th	nat (I) (	we) lost	
	saw the deceas	ed alive an De	c1	619_61, and	that deat	h accurred at A	M, from	the causes ar	d on th	e date	stoted	above.	
	22a. SIGNATURE										22	b.DATE SIGNED	
	1	SIV.	0	2111	M.D.	ATTENDING M.	ED.	STAFF PHYS.	12/1	6/6		3101460	
-	22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS							
L		George J. W		<u>M. D.</u>		L Huntingto							
23	REMOVAL (Specify)	N, 236. DATE THEREC	1961	23c. NAME OF CEME	TERY OR CE	REMATORY	23d. LOCA	ATION (City, fown,	ar county)		Sto	fe)	
24	FUNERAL DIRECTOR	S SIGNATURE	1 /2	ADDRESS (V)	die	· Wall /	D BY REGIS	7/	STRAR'S SI		RE		
1	Automo	s / will	1 11	and all	work.	MACC. DANCE	21 '61	Cur	-1 S. T.	italle			



MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND RECORDS** 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY a. STATE b. COUNTY the d MARYLAND and b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerast town) deal by write RURAL and give nearest town) after .⊑ " Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give steet address) 3. NAME OF 4. DATE First Middle Month DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7, MARRIED AGE (In yeers | IF UNDER 1 YEAR carbon 5. SEX S DATE OF BIR NEVER MARRIED and last birthdey)-Months WIDOWED V DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during mest of working life, even if retired) 13. FATHER'S NAME MOTHER attending DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, go, or unkown) | (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cours par line for (a), (b), end (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if any, which has been geva rise to Immedieta causa DUE TO (e), stating the underlying ceuse lest. (c) the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. certificate as of use 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH stached for 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work at work p.m. DIRECTOR: 195 21. I certify that (I) (this hospital) attended the deceased from ... pluods , and that death occuped at SAM, from the causes and on the date stated above. saw the deceased alive 22a. SIGNATURE ATTENDING MED STAFF M PHYS. DIRECTOR PHYS. M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL, CREMATION, | 23b. DATE THEREOF 23c. REMOV'AL e. REC'D BY REGISTRAR 25b. REGISTRAR'S FUNERAL DIRECTOR'S SIGNATURE

IS RESIDENCE ON A FARM? YES NO

1961

Min.

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

NO

(Stete)

22b. DATE

(State)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

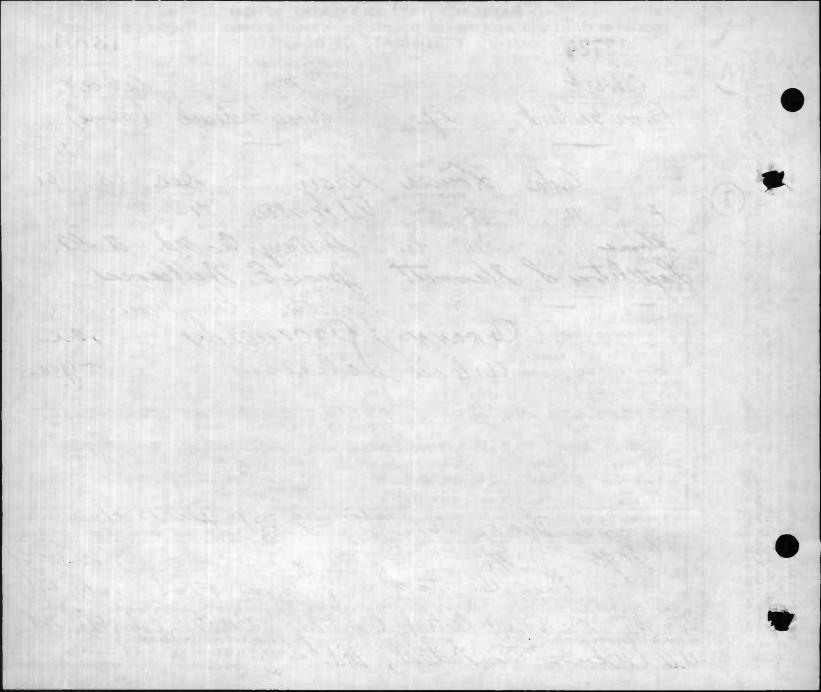
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Days

(County)

DATE DEC

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) . COUNTA e. STATE MARYLAND b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporeta limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give Aberest fown) noomes carana d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give d. STREET ADDRESS (reet addrass) First Middle 4. DATE Last Day DECEASED OF (Type or print) DEATH 19 AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdey) Deys Months Hours Adin

. IS RESIDENCE ON A FARM? YES NO DE 3. NAME OF 5. SEX F UNDER 24 HRS. WIDOWED I DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, near unkown) | (If yes give we ror detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate ceuse DUE TO (a), steting the undarlying cause last. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Steta) Month, Day, Yaer While Not While factory, street, office bldg., etc.) at work at work p.m 21. I certify that (1) (this hospital) attended the deceased from. saw the deceased DATE 22a. SIGNATURE ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF CEMETERY OR CREMATORY LOCATION (City, (Stete) 23c. NAME OF

256. REGISTRARY SIGNATURE

Cuthun S. Thomas

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funeral

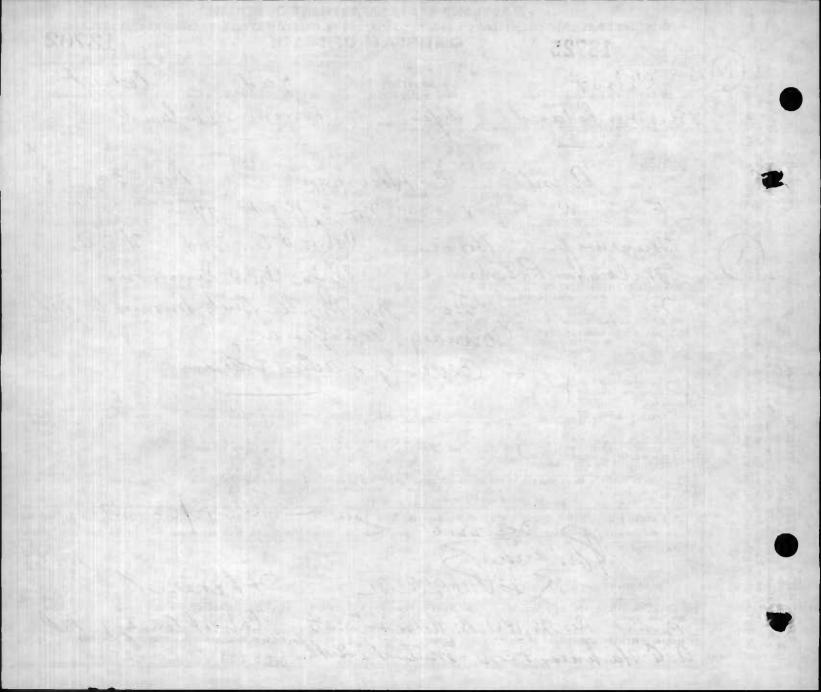
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death. and

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# d in by the funeral directar, and 2 shauld be filed with IDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter TO POSPITAL OR A Nospital or attending physician. TO POSPITAL OR A hospital or attending physician. TO P. NERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after depth.

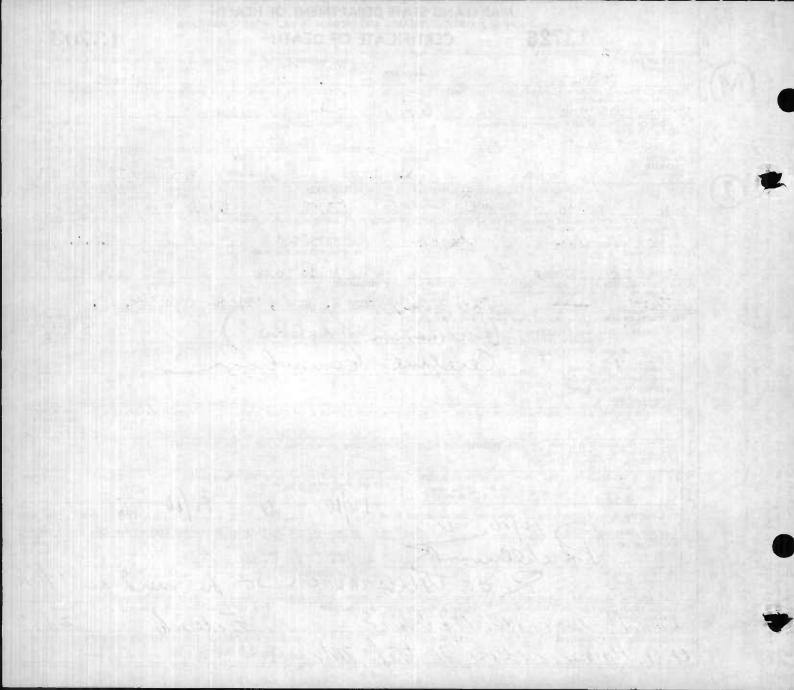
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

								21.00		
1. PLACE OF DEATH a. COUNTY	alvert		MARYLAND	o. STATE	_		ved. If instituti b. COUNTY	-		missian)
	(If outside corporate lim	its, write	c. LENGTH OF STAY IN 16	Maryland Calvert;  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
RURAL and give i	nearest town)		11	V				OKAL ONG 91	TO HOUSE I	·····
Prince Fre			6 das,			ederick				
OR INSTITUTION	ITAL (If not in hospital, s	give street	address)	d. STREET	ADDRESS				e. IS	RESIDENCE N A FARM?
Calvert	County Hos	pital		Mar	ryland				YES	□ NO [2]
3. NAME OF DECEASED	Fi	rst	Middle	Lo:	st	4. DATE	Mon	th	Day	Yeor
(Type ar print)	James		E	Jones		OF DEATH	Decen	ber 1	6	1961
5. SEX	6. COLOR OR RACE	7. MARE	RIED W NEVER MARRIED	8. DATE OF BIRT	'H	9.	AGE (In years			NDER 24 HRS
26-2		WIDOW		6/77/0	20	~	ast birthdoy)	Manths [	Doys Hou	rs Min.
Male NSUAL OCCUPATI	White		KIND OF BUSINESS OR INDU	O/ II/	IACE IState	or foreign coul	/ OVS	12 CITIZ	ENI OF WHA	AT COUNTRY
during most af wa	rking life, even if retired	)	//	Jaki III. BIKITII	DICE (STORE	or loreign cao	,,	12.0112	LIN OIL WITH	AT COUNTRIT
House	wife		Home	The state of the s	rland				U.S.A.	
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME				
James Ed	ward Jones			Anni	ie Boo	ne				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.1	NFORMANT			Add	ress		
(16s, no, or unknown)	(If yes, give wor or dates or	5	78-07-0654	Mary F.	Iones.	Prince	Frede	nick. I	Mid -	
In CAUSE OF DE	ATH [Enter only one co			The state of the s	001100	12,4100	, 11000	LONG 1	_	BETWEEN
	ATH WAS CAUSED BY:	lose bei	(le ) (lu), (b), ond (c).]	16	don				ONSET A	ND DEATH
20.	IMMEDIATE CAUSE (	)	neumm	0 /10	POOL				00	days
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ATIO									PEI	RFORMED?
O ACCIDENT W	AS HAIDEBLVIAGE	20L DEC	COURT HOW IN HURSY OCCURRE	FD /F=1====	. £ 1-1 1- m	land I am Pant II	of :tom 10 \		152	□ ио □
OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	ED. (Enter noture o	ot injury in r	an or ron ii	or Item 16.)			
	RY Manth, Day, Ye	ar 20d. li	NJURY OCCURRED 20e. PL	LACE OF INJURY	(Home, farm,	20f. (City or	tawn)	(Cc	ounty)	(Stote
Haur o.m.	19	While of war		actory, street, offic	e blag., etc.	1	1.			
				VILA	1.	1	12/66	6	· · · · · · · · · · · · · · · · · · ·	
LA LA CONTRACTOR DE LA	17	l) gitteno	ded the deceosed from.		19	, .to		, 199/	_, thot (I	) (we) los
saw the deced	sed alive on	110	196 , and that	deoth accurre	d at	M, from th	e causes or	d on the	date stot	ed abave
22a. SIGNATURE	101.1	20	R							22b. DATE SIGNED
	Lowe	lla	ment	M.D. PHYS.	DII	ED. RECTOR	STAFF PHYS.			JIOINEL
22c. PHYSICIAN'S NAME (Type)	S	2	de VILCA	RICGIO	ESS C	5+ 0	Leve	end	pre	1416/
23a. BURIAL, CREMATI	ON, 23b. DATE THERE	OF .	23c. NAME OF CEMETERY C	OR, CREMATORY		23d. LOCATIO	N (City, tawn,	os caunty)	(:	State) A
BEMOVAL (Speed)	1 200 19	196	mt Dline	1		4ra	Acrial.		-	ml
24. FUNERAL DIRECTO	R'S SIGNATURE	101	ADDRESS	0	25g. REC'I	BY REGISTRA	R 25b. REGI	STRAR'S SIG	NATURE	- 661
100 11	ach	1//	mto	1 mil	DATE DE			amos & s		
4.4.04	wines!	NO	w ///ulla	ma,	DATE	- W 1	- Co	A. 1	VUINAM	



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TO VR A1S (4) 1SM 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13797

	1. P	LACE OF DEATH			· MAI	RYLAND	2. USUAL RESIDENCE (W	here deceased	lived. If institution b. COUNTY	on: Residence b	perfore admission)		
		Calvert	outside corporate limi	A	15,10711.05.671	V 15 - 51	Maryland		Ual	. ve T. 0			
4		RURAL ond give ned	rest town)	is, write	c. LENGTH OF STA	IT IN ID	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  Chesapeake Beach						
	0	. NAME OF HOSPITA	L (If not in hospital, g	ive street o	ddress)		/ d. STREET ADDRESS	1,000		P. W.	e. IS RESIDENCE		
1		OR INSTITUTION					Route 1, B	ox 80			ON A FARM? YES NO TO		
	2 1		ounty Hosp					_					
1		NAME OF DECEASED	Fir	st	Midd		Last	4. DATE OF	Man		Day Year		
Н		Type or print)	Jon		Davi		Jones	DEATH	Decembe	-	19 61		
	S. S	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MAR	RIED	3. DATE OF BIRTH		<ol><li>AGE (In years lost birthday)</li></ol>	Months Do	AR IF UNDER 24 HRS.		
П	M	[ale	White	WIDOWE	DIVORC	CED 🔲	August 19, 1	1961	yrs.	3 1	7		
	10a.	USUAL OCCUPATION	N (Give kind of work of	done 10b.	CIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZEN	OF WHAT COUNTRY?		
		None	ng me, even il tenteo,				Maryland			USA			
	13. [	FATHER'S NAME	THE REAL PROPERTY.				14. MOTHER'S MAIDEN	NAME					
= 1		Tomos D	Tongs				Barbara	MANAGAN	Kline				
	15. 1	James D	IN U. S. ARMED FOR	CES? 16. 9	OCIAL SECURITY N	IO. 17 IN	FORMANT	HEREIT	Addi	ess			
Н		, no, or unknown) (II	yes, give war or dates of s					a Ohor			1.2		
	_	No					ames D. Jones	s, ones	sapeake E		Ad.		
Н			H [Enter only ane ca	use per lin	e far (a), (b), and (a		200000	1 -	, 71		NTERVAL BETWEEN		
		PARI I. DEAI	H WAS CAUSED BY: IMMEDIATE CAUSE (a	1 1	OBAR	t	NEUMON	14-	un				
		1 490X	DUE TO				1						
	V	Conditions, if an		)	MENIO	U 66.4	L SYMD	ROME					
		gove rise to im cause (o), stating the	mediate (			1							
		lying cause lost.	(c	)									
	Z	PART II. OTHE			ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASI	E CONDITION GIV	EN IN PART 1(	19. WAS AUTOPSY		
	CATION										PERFORMED?		
	FI	20a. ACCIDENT WAS	UNDERLYING []	20b. DESC	RIBE HOW INJURY	OCCURRED	). (Enter noture of injury in	Port I or Pari	t II of item 1B.)				
	CERTIFI	OR CONTRIBUTING	CAUSE OF DEATH										
В			Month, Day, Yes	20 d IN	JURY OCCURRED	20a PLA	CE OF INJURY (Home, fare	m, 20f. (City	or town)	(Cour	nty) (Stote)		
	MEDICAL	Hour o.m.		While	Not while		tory, street, affice bldg., et	(c.)	or town,	(C001	(3101e)		
	W	p. m.	19	at work	at work		- 1	1	. /				
		21. I certify that	(1) (this haspital	) attende	ed the decease	d fram	2/6	26) , ta_	12/6	196	that (I) (we) last		
		saw the decease	d alive an D	206	196/ an	d that d	eath accurred at [[]	PM, fram	the causes an	d an the de	ate stated abave.		
		220. SIGNATURE	0 :		8		/			231 U	22b.DATE		
		9	Ky lelx	) us	w	,	A.D. PHYS.	AED.	STAFF PHYS.	/	2 - 7 - SIGNED		
		22c. PHYSICIAN'S		(4)		_	22d. ADDRESS						
		NAME (Type)	KAEU	166	RREAC	19	5.	+ d	CONG	RD,	M		
	230	RUPIAL CPEMATION	, 23b, DATE THEREC	)F	23c, NAME, OF GE	METERY	CREMATORY		TION (City, 1949,		(Stote)		
	200.	REDACVAL (Specify)	1	011	WIT LI	11	11.	20.	15 ///	Ar as do	7 500 0		
	1	Jurial	Weed,	161	110 100	um	ony cem.	10	c VII	STRAR'S SIGNA	THE		
	24.	FUNERAL DIRECTOR'S	SIGNATURE	-0	ADDRESS	Mur	ils mal 250. REC	D BY REGIST	KAR 2Sb. REG	SIKAK S MGNA	H-un		
-		Villehen	1 / uner	at r	tome	U W U	DATE	DEC 11	'61 C	Irthun S.	Com.		
	2	-064182	LXV4										

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE Where deceased lived. If institution: Residence before admission) a. COUNT b. COUNTY MARYLAND KITY OR TOWN (If autside corporate lights, write c. LENGTH OF STAY IN 1b RURAL and give nearest town c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) NAME OF HOSPITAL (If not in haspital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO NO NAME OF 4. DATE Middle Year First Manth Day DECEASED DEATH 19 61 (Type ar print) 16 cem 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Manths Haurs ofter 6 DIVORCED | WIDOWED X CLOBER 13.1885 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryl 40USE W 13. FATHER'S NAME 14. MOTHER'S WAIDEN NAME with ames Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (If yes, give war or dotes of service) unti INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per, line for (a) (b), and (c). ONSET ND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Canditions, if ony, which gave rise to immediate DUE TO cause (o), stoting the underlying couse last. 20 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY cremotion, PERFORMED? YES NO NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (State) Doy, Year (County) ectory, street, affice bldg., etc.) Haur a.m. While Not while at work ot work p. m. 21. I certify that (I) (this hospital) attended the degleased frag 19 Cil., that (I) (we) last saw the deceased alive , and that death accurred of M, from the causes and an the date stated above. 22a. SIGNATURI 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. of M.D. Boord 22 PHYSICIAN'S 22d. ADDIESS NAME (Type) 23b, DATE THEREOF 28d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 25% REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR DADEC 21 '61

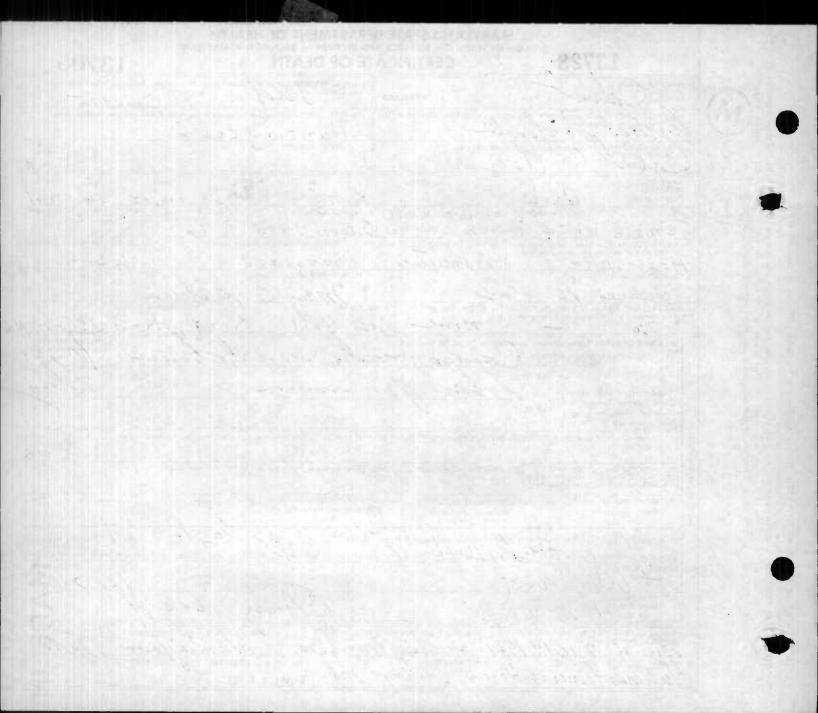
MARYLAND STATE DEPARTMENT OF HEALTH

the funeral should be fi

complet popers. puo physici offending a px gned per buriol-tronsit physicion peen attending certificote 5

0 VR A15 (4) 1SM 9/59

DIRECT



be FULTY MEDICAL EXAMINER: This certificate should be to the certific priting the ward "pending" in pencil in rwarded to the rate Medical Examiner's Office along wit UNERAL DIRECTOR: Page 3 should be used as a burial-tra

VS. A15ME(S) 5M 9/55

		1	
please exe-	4 should be		cremotion.
any detay is necei	fyneral director.	ur files.	strar prior to burial,
executed within 24 hours offer death. If any delay is neces	Item 18. Give Pages 1, 2, and 3 to the fyneral director.	th farm PM3. Page 5 may be retained for ur files.	ansit permit. File pages 1 and 2 with the sector prior to burial, cremation
executed within .	Item 18. Give	th farm PM3. Pa	onsit permit. File

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1279 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10123	Reg, Dist, No.
1. PLACE OF DEATH a. COUNTY COLUEIT MARYLA	2. USUAL RESIDENCE (Where deceosed lived. If Institution: Residence before admission) o. STATE b. COUNTY b. COUNTY
b. CITY OR TOWN Headwide corporals lifting, write RURAL c. LENGTH OF STAY IN ACCURACY AND CONTROL OF STAY IN ACCURACY.	t Ib c. CITY OR TOWN (If outside expozerte limits, write RURAL and give necrest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print) K DAM AUC TO COMMISSION OF COMMISSIO	Lost 4. DATE Month Doy Year OF DEATH D. 21 10 196.
5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN dyrigg most at working life, even if relired)	IDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME LOCKS	14. MOTHER'S MAIDEN NAME Flyabeth Keess
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no. openinown) (If yes. give war or dotes of services)	17. HIFORMANT. Roes, Hentingtown, Md
PART I. DEATH WAS CAUSED BY:  UMMEDIATE CAUSE (6)	Scelición Interval between onset and death
Conditions, if ony, which gove rise to immediate cause	rlevois
(a), stating the underlying DUE TO	
none	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)  19. WAS AUTOPSY PERFORMED? YES NO
	ED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year While Not while of work 19 work	PLACE OF INJURY (Home, form, foctory, street, office bldg., elc.) (City or town) (County) (Stote)
21. I certify that I took charge of the remains described death resulted from: Natural causes [2], Accident [],	above, held an Autopsy, Inspection, Inquiry, and find that Suicide, Homicide, Undetermined cause
ACTUAL SIGNATURE THE SIGNATURE	M.D. CHIEF MEDICAL EXAMINER []
EXAMINER'S NAME (Type)	ASSISTANT MEDICAL EXAMINER DECLUY
220 (BURIAL) CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETER.  12-15-61 Proofe's (	cemetery Calvert co. Md
23. FUNERAL DIRECTOR'S SIGNATURE  RESERVELL  RINGE 7	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

HATCH MAN STEEL STEEL Coll of Coll contents (1). Separation of the attention in Alegation and Inspect John Task Affect (1). I will be sent at the set of the set of the sent that the sent to the sent to

VS A15 (4) 15M 10/57

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	13730

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

Reg. Dist. No. 13707

1. PLACE OF DEATH o. COUNTY Ca	LAND 3	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Maryland b. COUNTY Calvert										
RURAL and give ne	foutside corporate limitarest town) ICE Freder		c. LENGTH OF STAY  5 mo.	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Owings							
OR INSTITUTION	AL (If not in hospital, on Nursing		oddress)		d. STREET ADD	RESS					ON A	FARM?
3. NAME OF DECEASED (Type or print)	CHARLE	S	Middle CLARENCE	MA	Lost RSELAS		OF DEATH	Decembe		Doy		Year 1961
5. SEX Male	6. COLOR OR RACE white	7. MARE	NEVER MARRIED DIVORCE		DATE OF BIRTH	1876		9. AGE (In years last birthday) 85 yrs.	IF UNDE Months	R 1 YEAR Days	Hours	R 24 HRS Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired				OR INDUSTR		E (State or ylan				ITIZEN OI	F WHAT	COUNTR
John H. Marselas					14. MOTHER'S MA Molli			ss				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dotes of s		social security no none		ormant rbert Ma	rsel	as	Add Owings		ryla	nd	
PART I. DEAI  443  Conditions, if or gove rise to in couse (o), stating I lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO by, which he under- (c		ne for (a). (b). and (c).	ense				Cesia		ONS	CI)	DEATH LL/S
3			CONTRIBUTING TO DEA						'EN IN PAI	RT 1(o) 19	PERFO	RMED?
-	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Month, Day, Yee		Not while of work	20e. PLACI foctor	(Enter nature of in E OF INJURY (Hom y, street, office bla	ne, form,				(County)		(State
21. I certify the alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	of I attended the	_		death a	, 19.6.f., 1 ccurred at	Pr	M, fram DRESS (Str	the causes of reel, city or lown,	ind an i	the date	e state	ed abar
20. BURIAL, CREMATION REMOVAL (Specify) Burial 3. FUNERAL DIRECTOR'S	Dec. 19		22c. NAME OF CEME		Ch. Ceme	tery	d. locat	Owings	or county)			e)
Lilchens		ome Or	ADDRESS Wings, Mar	ylan		o. REC'D B			STRAR'S SI			

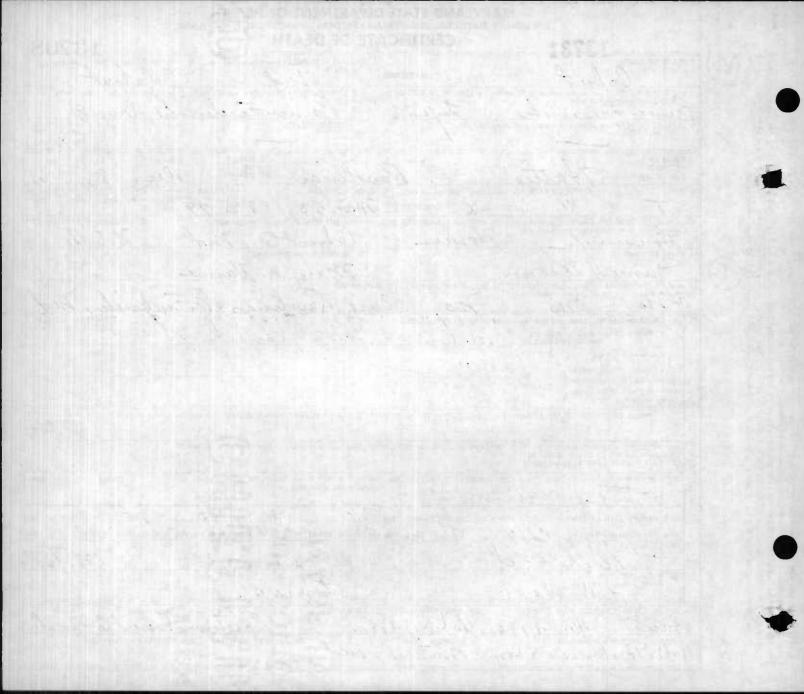
Coheren has 

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13731 CERTIFIC	CATE OF DEATH 13708
1. PLACE OF DEATH O. COUNTY  MARYLAI	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN AURAL and give(negrest taws))	YP - 1 1 1 0
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. 15 RESIDENCE ONA FARM? YES NO
3. NAME OF DECEASED (Type or print) Hattie' R. Middle	Pawlings 4. DATE Month Day Year OF DEATH Lee, 8, 1961
S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	last birthday) Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)	Cabretto, mod H.S. a.
James Weems	Mary L. Hance
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, po for inknown) (If yes, give war ar dates of service) (If yes, give war ar dates of service)	Earl Rawling - Potricky Ind
18. CAUSE OF DEATH [Enter anly one cause per line for (a), (b) and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	- Ronal Vasenlan disense ONSET AND DEATH
Conditions if any which )	
gove rise to immediate cause (a), stating the under-lying cause last.	
CATIO	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO N
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature af injury in Port I ar Part II of item 1B.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20 While Not while at wark of work	De. PLACE OF INJURY (Home, form, foctory, street, affice bldg., etc.) 20f. (City or town) (County) (Stote
21. 1 certify that (I) (this haspital) attended the deceased from saw the deceased alive an 226	and 2/6, that (I) (we) last death accurred atM, from the causes and an the date stated above
220. SIGNATURE World	M.D. PHYS. DIRECTOR DIRECTOR PHYS. D
20. PHYSICIAN'S NAME (Typely), W. WARD	22d. ADDRESS OWINGS
230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETE  SEMOVAL (Specify)  Lee 11, 1961  CENTURY	Cens. Baretow - Cabreello - Ind.
9. G. Trackness of Son - Mulicas	O, Zuel 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

AND THE CONTRACTOR

10 10 VR A15 (4) 1SM 9/59



in by the funeral director, and 2 should be filed with

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24 hours ofter d

requires that the deoth certificate be executed within

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

13709

Georges Maryland
25b. REGISTRAR'S SIGNATURE

C. Mary S. Thomas

Prince

2Sa. REC'D BY REGISTRAR

Burial 12/14/61 Fort 124. Furting Address Warner E. Pumphrey, Inc. 8434 Geg

			1	3	7	3	5
PLACE	OF	DE/	ATH		П		ī

pefare admission)								
ndel /								
c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)								
X.Y								
e. IS RESIDENCE ON A FARM?								
YES NOW								
Day Year								
AR IF UNDER 24 HR								
ys Haurs Min.								
OF WHAT COUNTRY								
S.A.								
3. FATHER'S NAME U.S.A. U.S.A.								
William H. Wright  Was DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (es, no. or unknown) (If yes, give wor or doles of service) (If yes, give w								
NTERVAL BETWEEN								
DNSET AND DEATH								
lying cause last.								
19. WAS AUTOPS' PERFORMED? YES NO								
20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)								
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. 29c. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) (Caunty) (Stot factory, street, office bldg., etc.)								
21. I certify that (I) (this hospital) attended the deceased fram								
saw the deceased alive on 1901, and that death occurred of M, from the causes and on the date stated above								
220. SIGNATURE  STAFF  M.D. PHYS.  ATTENDING MED. STAFF  PHYS.  DIRECTOR D STAFF  PHYS.								
(d.								

Lincoln Cemetery

Gespring Avenus land DATE DEC 15'61

ony event, within 72 hours Then pleose remave corbon ottending physicion or attending physicion. s certificate has been signed by the use as the burial-transit permit. The ond removal, cremation, buriol, page 3 sh the State E 0

The state of the company of the state of the A LUCE MANY DESCRIPTION OF THE PARTY OF THE to the southern with those of the . S. C. DELINGTON THE PROPERTY OF THE PROPERTY THE RESERVE THE PARTY AND DESCRIPTION OF